PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application or Docket Number

5789345003

CLAIMS AS FILED - PART I								SMALL ENTITY			OTHER THAN OR SMALL ENTITY		
TOTAL CLAIMS			(Column 1)		(Colu	(Column 2)		TYPE		OR			
TOTAL CLAIMS			ノビ		<u> </u>			RATE	FEE		RATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE	385.00	OR	BASIC FEE	770.00	
TOTAL CHARGEABLE CLAIMS			20 minus 20=		•			X\$ 9=		OR	X\$18=		
INDEPENDENT CLAIMS			minus 3 =		*		Ī	X43=		OR	X86=		
ML	ILTIPLE DEPEN	NDENT CLAIM P	RESENT					+145=		OR	+290=		
* If	the difference	in column 1 is	less than zero, enter "0"			olumn 2	ı	TOTAL		OR	TOTAL	770	
CLAIMS AS AMENDED - PART II											OTHER	THAN	
		(Column 1)	(Column			(Column 3)		SMALL	ENTITY	OR	SMALL	ENTITY	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHI NUME PREVIC PAID I	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=		X\$ 9=	•	OR	X\$18=		
AME	Independent	*	Minus	***	· CI A114	=		X43=		OR	X86=		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								+145=		OR	+290=		
										OR	TOTAL ADDIT. FEE		
ADDIT. FEE													
AMENDMENT B		CLAIMS REMAINING		HIGH	EST	PRESENT	F		ADDI-	ı		ADDI-	
		AFTER AMENDMENT		PREVIO		EXTRA		RATE	TIONAL FEE		RATE	TIONAL FEE	
	Total	*	Minus	**		= '		X\$ 9=		OR	X\$18=		
AME	Independent	*	Minus	***		=		X43=	•	OR	X86=		
	FIRST PRESE	NTATION OF MU	LTIPLE DEP	ENDENT	CLAIM			+145=		OR	+290=		
		L	TOTAL		OR .	TOTAL ADDIT, FEE							
		A	DDIT. FEE L			ADDII. FEEL							
AMENDMENT C		(Column 1) CLAIMS REMAINING AFTER AMENDMENT	·	(Colum HIGHE NUME PREVIO PAID F	EST BER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=		
	Independent	*	Minus	***		=		X43=		OR	X86=		
١	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM												
										OR	+290=		
**	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."									OR ,	TOTAL ODIT. FEE		
		mber Previously Paid ber Previously Paid					foun	d in the app	ropriate box	in colu	ມ ກາກ 1 .		